

City of San Diego EQUAL OPPORTUNITY CONTRACTING PROGRAM 1200 Third Avenue, Suite 200, San Diego, CA 92101 (619) 236-6000 FAX: (619) 235-5209

WORK FORCE REPORT

The objective of the *Equal Employment Opportunity Outreach Program*, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law. Such employment practices include, but are not limited to unlawful discrimination in the following: employment, promotion or upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training, including apprenticeship. Contractors are required to provide a completed *Work Force Report*.

CONTRACTOR IDENTIFICATION

Type of Contractor:		□ Supplier □ Fir					
Name of Company:		☐ Grant Recipient	☐ Insurance C	Company	□ Other		
AKA/DBA:							
Address (Corporate He							
City		•					
Telephone Number: ()	-	FAX Number: ()			
Name of Company CE							
Address(es), phone and	·				erent from above):		
Address:			C	•	,		
City				State	Zip		
Telephone Number: (=			=		
Type of Business:							
The Company has appo							
as its Equal Employme	·				establish,		
disseminate, and enforce	• •		_	•			
contacted at:	1 1 2		1	1 ,	Ž		
Address:							
Telephone Number: ()			
For Fi	rms: San Diego	Work Force and/or	☐ Managing Offi	ce Work Fo	rce		
I, the undersigned repre	•						
		(Firm Name)					
		,	hereby certify the	hat informat	ion provided		
	(County)	(State)					
herein is true and corre	ct. This document w	vas executed on this d	ay of		, 200		
(Autho	rized Signature) (Print Authorized Signature Name)						

Form Title: WORK FORCE REPORT (Rev. July 2010)

Form Number: BB05

WORK FORCE REPORT - Pag	e 2													
NAME OF FIRM:					DATE:									
INSTRUCTIONS: For each occu columns in row provided. Sum of company on either a full or part columns below:	all tota	ls shou	ld be e	qual to	your to groups	tal wor are to	k force be inc	. Includ	le all th	iose em	ployed	by you	ır	
 African-American, Black Latino, Hispanic, Mexican-A Asian, Pacific Islander American Indian, Eskimo 	america	n, Puer	to Rica	n		` '	lipino aucasia ther eth		not fall	ing into	o other	groups		
OCCUPATIONAL CATEGORY	(1) (2) African- American			(3) Asian		(4) American Indian		(5) Filipino		(6) Caucasian		(7) Other Ethnicities		
	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Executive, Administrative, Managerial														
Professional Specialty														
Engineers/Architects														
Technicians and Related Support														
Sales														
Administrative Support/Clerical														
Services														
Precision Production, Craft and Repair														
Machine Operators, Assemblers, Inspectors														
Transportation and Material Moving														
Handlers, Equipment Cleaners, Helpers and Non-construction Laborers*														
*Construction laborers and other field employe	es are not	to be inclu	uded on th	is page										
TOTALS EACH COLUMN														
GRAND TOTAL ALL EMPLOYEES														
INDICATE BY GENDER AND ETHNICITY	THE NU	MBER OF	ABOVE	EMPLOY	EES WHO	ARE DIS	ABLED:							
DISABLED														
NON-PROFIT ORGANIZATIONS ONLY:														
BOARD OF DIRECTORS														
VOLUNTEERS														

Form Title: WORK FORCE REPORT (Rev. July 2010)

Form Number: BB05

ARTISTS

WORK FORCE REPORT - Page 3 DATE: NAME OF FIRM:___ INSTRUCTIONS: For each occupational category, indicate number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total work force. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below: (1) African-American, Black (5) Filipino (2) Latino, Hispanic, Mexican-American, Puerto Rican (6) Caucasian (3) Asian, Pacific Islander (7) Other ethnicity; not falling into other (4) American Indian, Eskimo Filipino African-Latino Asian American Caucasian Other OCCUPATIONAL CATEGORY American Indian Ethnicities (M) (F) Drywall Installer Electrician Elevator Installers Finishers, Concrete or Terrazzo Helpers, Construction Trade Ironworkers, Structural Metal Workers Millwrights Masons, Bricklayers Pipefitter, Plumbers Security, Protective Services Sheet Metal, Duct Installers Welders, Cutters TOTALS EACH COLUMN GRAND TOTAL ALL EMPLOYEES

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Form Number: **BB05**

INDICATE BY GENDER AND ETHNICITY THE NUMBER OF ABOVE EMPLOYEES WHO ARE DISABLED:

Carpenter

Glaziers

Laborers

Tilesetters Operators Painters

Plasterers Roofers

DISABLED